

SURVEY OF ADULT AND AGING POPULATIONS (Core Questionnaire)

SAMPLE

1. The town/city that I live in
(or that is closest to me) is _____

2. I have lived in the community for _____ years.

3. Age: (Please check applicable box)

- ☐ 64 and under
☐ 65-74 years
☐ 75-84 years
☐ 85 +

4. Gender: I am Male ☐
Female ☐

5. Marital status: I am Now Married ☐
Widowed ☐
Separated ☐
Divorced ☐
Never Married ☐
Other ☐

6. 1999 Income: Monthly Income
 (a) **Married-** \$0 to \$938 ☐
 (combined income \$939 to \$1172 ☐
 before taxes) \$1173 to \$1424 ☐
\$1425 to \$1780 ☐
\$1781 and above ☐

OR

(b) **Single** (not married) \$0 to \$696 ☐
 (income before taxes) \$697 to \$749 ☐
\$750 to \$870 ☐
\$871 to \$936 ☐
\$937 and above ☐

7. I receive SSI/SSP Yes ☐
No ☐

8. My primary language is _____

9. My ethnic group is:

☐ Spanish/Hispanic/Latino?

If yes, please check one of the following:

- ☐ Mexican, Mexican Am., Chicano
☐ Puerto Rican
☐ Cuban
☐ Other Spanish/Hispanic

/Latino _____

(print group)

☐ White

☐ Black, African American, or Negro

☐ American Indian or Alaska Native _____
 (print name of enrolled /principal tribe)

- ☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian _____

(print race)

- ☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander _____

(print race)

☐ Some Other Race _____
 (print race)

10. Education: (please check highest grade level completed)

- ☐ 0-8th Grade
☐ 9-12th Grade
☐ Some College
☐ College Graduate

11. Living arrangements: I live alone Yes ☐
No ☐

12. Living quarters: I live in a House ☐
Condominium/Townhouse ☐
Apartment ☐
Mobile home/trailer ☐
Hotel ☐
Boarding house/board and room ☐
Board and care/residential care home ☐
Assisted living facility ☐
No residence ☐

Other: _____
 (please specify)

13. Public transportation is accessible Yes ☐
 to me where I currently live No ☐

14. My most often used form of transportation is:

- ☐ My own vehicle
☐ Relatives
☐ Friends
☐ Senior bus
☐ Public transportation
☐ Taxi
☐ Dial-a-Ride/Paratransit
☐ None available

Other: _____
 (please specify)

15. Below is a list of activities that are difficult for some people. I have checked the box which best describes how difficult each activity is for me.

ACTIVITY	No Difficulty	Minor Difficulty	Serious Difficulty	Unable To Do
(a) Eating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(b) Bathing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(c) Dressing/undressing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(d) Walking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(e) Getting in and out of bed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(f) Getting to the bathroom	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(g) Preparing meals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(h) Shopping for personal items	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(i) Medication management	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(j) Managing money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(k) Using the telephone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(l) Doing heavy housework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(m) Doing light housework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(n) Transportation ability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

16. For each activity with which I have difficulty, I have checked who helps me with that activity. (All answers that apply are checked)

ACTIVITY	Spouse	Other Relative	Friend	Agency Volunteer	Paid Worker	No One
(a) Eating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(b) Bathing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(c) Dressing/undressing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(d) Walking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(e) Getting in and out of bed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(f) Getting to the bathroom	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(g) Preparing meals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(h) Shopping for personal items	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(i) Medication management	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(j) Managing money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(k) Using the telephone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(l) Doing heavy housework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(m) Doing light housework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(n) Transportation ability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

17. Below is a list of issues/conditions/concerns, which could affect my quality of life. I have checked the box which best describes how much each one is a problem for me.

PROBLEM	NO PROBLEM	MINOR PROBLEM	SERIOUS PROBLEM
(a) Crime	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(b) Employment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(c) Energy/utilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(d) Obtaining information about services/benefits	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(e) Receiving services/benefits	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(f) Health care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(g) Housing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(h) Legal affairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(i) Loneliness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(j) Money to live on	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(k) Nutrition/food	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(l) Taking care of another person			
(1) child under 18 years of age	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3
(2) Adult	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(m) Transportation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(n) Household chores	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(o) Isolation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(p) Accidents in the home (e.g., falling)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Please continue on next page.

1. The two problems from Question 17 that affect me the most are:

First problem: _____ This is a problem to me because:

Second problem: _____ This is a problem to me because:

Other problems that are not listed in Question 17 that are important to me are:

Comments:

You are finished

Thank you for your time!

SURVEY OF ADULT AND AGING POPULATIONS
Source Material Documentation
(2001-2005 Needs Assessment Guidelines)
5/25/00

Question #3: The age categories listed conform with the published NAPIS categories as referenced in PM 97-02(P), dated February 10, 1997.

Question #6: The income categories listed for single and married households correspond to the federal poverty guidelines for FY 2000-2001 as referenced in PM 00-10(P), dated April 12, 2000. The categories on the sample survey correspond to: 100%, 125%, 150% and 200% of poverty, respectively, with the final category for income above 200% of poverty.

Question #9: The expanded ethnic categories were taken from the published 2000 Census Questionnaire.

Questions #15 & 16: The fourteen categories listed correspond to the NAPIS service categories published in PM 97-02 (see Question #3 above). The ADL's are listed in categories (a) through (f); IADL's are listed in categories (g) through (n).